COMBINED DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Feeding device			
the specification	on of which (check only one item below):		
	is attached hereto.		
	was filed as United States Patent application		
_	Number on		
	and was amended on	(if applicable).	
	and was amended on	(II applicable).	
П	was filed as PCT International application		
	• •		
	Number on	(16 11 1.1 -)	
	and was amended on	(if applicable).	

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §§ 119 (a)-(d), 172 or 365 of any foreign application(s) for patent or inventor's certificate or of any international (PCT) application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international (PCT) application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S §§119, 172 or
Sweden	0203691-1	13, 12, 2002	⊠Yes □
			Yes T
			☐Yes ☐
			Yes [

Combined Declaration and Power of Attorney for Utility or Design Patent Application Attorney's Docket No. _____

Page 2 of 4

I hereby appoint the following attorneys and agent(s) to prosecute said application and to transact all business in the U.S. Patent and Trademark Office connected therewith and to file, prosecute and to transact all business in connection with international applications directed to said invention:

Robert S. Swecker	19,885	Teresa Stanek Rea	30,427	Allen R. Baum	36,086
Platon N. Mandros	22,124	Robert E. Krebs	25,885	Brian P. O'Shaughnessy	32,747
Benton S. Duffett, Jr.	22,030	William C. Rowland	30,888	Kenneth B. Leffler	36,075
Norman H. Stepno	22,716	T. Gene Dillahunty	25,423	Fred W. Hathaway	32,236
Ronald L. Grudziecki	24,970	Patrick C. Keane	32,858	Wendi L. Weinstein	34,456
Frederick G. Michaud, Jr.	26,003	B. Jefferson Boggs, Jr.	32,344	Mary Ann Dillahunty	34,576
Alan E. Kopecki	25,813	William H. Benz	25,952	Donna M. Meuth	36,607
Regis E. Slutter	26,999	Peter K. Skiff	31,917	Mark R. Kresloff	42,766
Samuel C. Miller, III	27,360	Richard J. McGrath	29,195	Nhat D. Phan	39,581
Robert G. Mukai	28,531	Matthew L. Schneider	32,814	Cindy A. Lynch	38,699
	•	Michael G. Savage	32,596	_	
George A. Hovanec, Jr.	28,223	Gerald F. Swiss	30,113	All practitioners associat	ed with
James A. LaBarre	28,632	Charles F. Wieland III	33,096	Customer No. 218	39)
E. Joseph Gess	28,510	Bruce T. Wieder	33,815		
R. Danny Huntington	27,903	Todd Walters	34,040		11.
Eric H. Weisblatt	30,505	Ronni S. Jillions	31,979	141444444444444444444444444444444444444	110
James W. Peterson	26,057	Harold R. Brown III	36.341	(21839)

Address all correspondence to:

21839

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

P.O. Box 1404

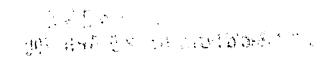
Alexandria, Virginia 22313-1404

Address all telephone calls to: _____ at (703) 836-6620.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF SOLE OR FIRST INVENTOR	Mats Johansson
Signature	Nah Johanno
Date	2005-03-31 SEX
Residence (City, State, Country)	Höör-Sweden Eslov
Citizenship	Sweden
Mailing Address	Postlåda 3191 Augtofta gard SE 243 93 Höör, Sweden SE 24193 Eslov
City, State, ZIP, Country	SE 243 93 Höör, Sweden SE 24193 Eslov
FULL NAME SECOND INVENTOR, IF ANY	Peter Gustavsson
Signature	Weld Gustavson
Date	050373
Residence (City, State, Country)	Kristianstad, Sweden
Citizenship	Sweden
Mailing Address	Stallgatan 3 A
City, State, ZIP, Country	SE-291 54 Kristianstad, Sweden

FULL NAME OF THIRD INVENTOR, IF ANY
Signature
Date
Residence (City, State, Country)
Citizenship
Mailing Address
City, State, ZIP, Country
FULL NAME OF FOURTH INVENTOR, IF ANY
Signature
Date
Residence (City, State, Country)
Citizenship
Mailing Address
City, State, ZIP, Country
FULL NAME OF FIFTH INVENTOR, IF ANY
Signature
Date
Residence (City, State, Country)
Citizenship
Mailing Address
City, State, ZIP, Country
FULL NAME OF SIXTH INVENTOR, IF ANY
Signature
Date
Residence (City, State, Country)
Citizenship
Mailing Address
City, State, ZIP, Country
FULL NAME OF SEVENTH INVENTOR, IF
Signature
Date
Residence (City, State, Country)
Citizenship
Mailing Address
City, State, ZIP, Country



Combined Declaration and Power of Attorney for Utility or Design Patent Application Attorney's Docket No. _____

Page 4 of 4

FULL NAME OF EIGHTH INVENTOR, IF ANY	
Signature	
Date	
Residence (City, State, Country)	
Citizenship	
Mailing Address	
City, State, ZIP, Country	
FULL NAME OF NINTH INVENTOR, IF ANY	
Signature	
Date	
Residence (City, State, Country)	
Citizenship	
Mailing Address	
City, State, ZIP, Country	
FULL NAME OF TENTH INVENTOR, IF ANY	
Signature	
Date	
Residence (City, State, Country)	
Citizenship	
Mailing Address	
City, State, ZIP, Country	